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CONFIRMATION NO. 2130

<b>SERIAL NUMBER</b> 10/780,447	<b>FILING OR 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> MBHB02-312-G (600.041)
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/427,160 04/30/2003 which is a CIP of PCT/US02/15876 05/17/2002 \*  
 which claims benefit of 60/292,217 05/18/2001  
 and claims benefit of 60/306,883 07/20/2001  
 and claims benefit of 60/311,865 08/13/2001  
 and claims benefit of 60/362,016 03/06/2002  
 and said 10/427,160 04/30/2003  
 is a CIP of PCT/US03/05346 02/20/2003  
 which claims benefit of 60/358,580 02/20/2002  
 and claims benefit of 60/363,124 03/11/2002  
 and claims benefit of 60/386,782 06/06/2002  
 and claims benefit of 60/406,784 08/29/2002  
 and claims benefit of 60/408,378 09/05/2002  
 and claims benefit of 60/409,293 09/09/2002  
 and claims benefit of 60/440,129 01/15/2003  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA PCT/US03/05346 02/20/2003  
 UNITED STATES OF AMERICA PCT/US03/05028 02/20/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 51	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>ESO</i>				

**ADDRESS**

020306

**TITLE**

Conjugates and compositions for cellular delivery

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )